

Certified Staff Health & Dental Insurance Rates

Rates are effective October 1, 2019 through September 30, 2020

Health Plan Details

High Deductible Health Plan with a Health Savings Account- AWARE NETWORK	HSA Premium - Single				HSA Premium - Family			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	525.50	525.50	0.00	0.00	1,523.00	1,287.00	236.00	2,832.00
	Health Savings Account - Single				Health Savings Account - Family			
	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	540.00	525.50	14.50	174.00	1,287.00	1,287.00	0.00	0.00
	HSA Out of Pocket - Single				HSA Out of Pocket - Family			
	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	3,375.00	174.00	3,201.00	3,201.00	6,750.00	0.00	6,750.00	9,582.00
	High Deductible Health Plan with a Health Savings Account ACCESS NETWORK-LIMITED	HSA Premium - Single				HSA Premium - Family		
Total Monthly Premium		District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
490.00		490.00	0.00	0.00	1,413.50	1,287.00	126.50	1,518.00
Health Savings Account - Single				Health Savings Account - Family				
Total District Contribution		Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
540.00		490.00	50.00	600.00	1,287.00	1,287.00	0.00	0.00
HSA Out of Pocket - Single				HSA Out of Pocket - Family				
Annual Maximum		Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
3,375.00		600.00	2,775.00	2,775.00	6,750.00	0.00	6,750.00	8,268.00

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High Deductible Health Plan with a VEBA Savings Account AWARE NETWORK	VEBA Premium - Single				VEBA Premium - Family			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	582.00	452.50	129.50	1,554.00	1,688.00	1,112.00	576.00	6,912.00
	VEBA Savings Account - Single				VEBA Savings Account - Family			
	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	540.00	452.50	87.50	1,050.00	1,287.00	1,112.00	175.00	2,100.00
	VEBA Out of Pocket - Single				VEBA Out of Pocket - Family			
	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	1,850.00	1,050.00	800.00	2,354.00	3,700.00	2,100.00	1,600.00	8,512.00
	High Deductible Health Plan with a VEBA Savings Account ACCESS NETWORK -LIMITED	VEBA Premium - Single				VEBA Premium - Family		
Total Monthly Premium		District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
542.00		452.50	89.50	1,074.00	1,564.50	1,112.00	452.50	5,430.00
VEBA Savings Account - Single				VEBA Savings Account - Family				
Total District Contribution		Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
540.00		452.50	87.50	1,050.00	1,287.00	1,112.00	175.00	2,100.00
VEBA Out of Pocket - Single				VEBA Out of Pocket - Family				
Annual Maximum		Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
1,850.00		1,050.00	800.00	1,874.00	3,700.00	2,100.00	1,600.00	7,030.00

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HYBRID High Deductible Health Plan with a VEBA/ Health Savings Account -- AWARE NETWORK	HYBRID HSA Premium - Single				HYBRID HSA Premium - Family			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	525.50	452.50	73.00	876.00	1,523.00	1,112.00	411.00	4,932.00
	VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	540.00	452.50	87.50	1,050.00	1,287.00	1,112.00	175.00	2,100.00
	HYBRID Out of Pocket - Single				HYBRID Out of Pocket - Family			
	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	3,375.00	1,050.00	2,325.00	3,201.00	6,750.00	2,100.00	4,650.00	9,582.00
	HYBRID High Deductible Health Plan with a VEBA/ Health Savings Account -- LIMITED	HYBRID HSA Premium - Single				HYBRID HSA Premium - Family		
Total Monthly Premium		District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
490.00		452.50	37.50	450.00	1,413.50	1,112.00	301.50	3,618.00
VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family				
Total District Contribution		Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
540.00		452.50	87.50	1,050.00	1,287.00	1,112.00	175.00	2,100.00
HYBRID Out of Pocket - Single				HYBRID Out of Pocket - Family				
Annual Maximum		Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
3,375.00		1,050.00	2,325.00	2,775.00	6,750.00	2,100.00	4,650.00	8,268.00

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Minimum Value Plan: High Deductible: Health Plan with a Health Savings Account AWARE NETWORK	MVP Premium - Single				MVP Premium - Family			
	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	420.00	420.00	0.00	0.00	1,217.50	1,217.50	0.00	0.00
	Health Savings Account - Single				Health Savings Account - Family			
	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
	540.00	420.00	120.00	1,440.00	1,287.00	1,217.50	69.50	834.00
	MVP Out of Pocket - Single				MVP Out of Pocket - Family			
	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
	6,350.00	1,440.00	4,910.00	4,910.00	12,700.00	834.00	11,866.00	11,866.00

All medical plans are provided by Blue Cross Blue Shield of MN Network www.bluecrossmn.com